

**OPTIONAL PEI OUTCOMES WORKSHEET**  
*Managing and Adapting Practice (MAP)*

**ADMINISTRATIVE INFORMATION**

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last Name	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>
Provider ID	<input type="text"/>		

**BEGINNING OF TREATMENT INFORMATION**

Date of First MAP Treatment Session (Focus 1)

**BEGINNING OF TREATMENT QUESTIONNAIRES**

**Trauma Focus**

**UCLA PTSD-RI DSM-5  
Parent**  
Clients Ages 7-18

**UCLA PTSD-RI DSM-5  
Child/Adolescent**  
Clients Ages 7-18

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
<b>RAW SCORE</b>	<input type="text"/>	<b>RAW SCORE</b>	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Depression Focus**

**Patient Health  
Questionnaire-9**  
Clients Ages 12+

Admin. Date	<input type="text"/>
<b>TOTAL SCORE</b>	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Anxiety Focus**

**Revised Child Anxiety and  
Depression Scale-Child**  
Clients Ages 6-18

**Revised Child Anxiety and  
Depression Scale-Parent**  
Clients Ages 6-18

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Separation Anxiety	<input type="text"/>	Separation Anxiety	<input type="text"/>
Generalized Anxiety	<input type="text"/>	Generalized Anxiety	<input type="text"/>
Panic	<input type="text"/>	Panic	<input type="text"/>
Social Phobia	<input type="text"/>	Social Phobia	<input type="text"/>
Obsessive/ Compulsive	<input type="text"/>	Obsessive/ Compulsive	<input type="text"/>
Depression	<input type="text"/>	Depression	<input type="text"/>
Total Anxiety	<input type="text"/>	Total Anxiety	<input type="text"/>
Total Anxiety & Depression	<input type="text"/>	Total Anxiety & Depression	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Disruptive Behaviors Focus**

**Eyberg Child Behavior  
Inventory®**  
Clients Ages 2-16

**Sutter-Eyberg Student  
Behavior Inventory-Revised®**  
Clients Ages 2-16

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intensity Raw Score	<input type="text"/>	Intensity Raw Score	<input type="text"/>
Intensity T-Score	<input type="text"/>	Intensity T-Score	<input type="text"/>
Problem Raw Score	<input type="text"/>	Problem Raw Score	<input type="text"/>
Problem T-Score	<input type="text"/>	Problem T-Score	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Beginning of Focus worksheet on Side 2... ..**

**Reasons for "Unable to Collect"**

- |                                                 |                                       |                                                                               |
|-------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|
| 1. Administered Wrong Form                      | 6. Invalid Outcome Measure            | 13. Parent/Caregiver Unavailable                                              |
| 2. Administration Date Exceeds Acceptable Range | 7. Lost Contact with Client           | 14. Premature Termination                                                     |
| 3. Client Refused                               | 8. Lost Contact with Parent/Caregiver | 15. Teacher Refused (SESBI Only)                                              |
| 4. Client Unavailable                           | 9. Not Available in Primary Language  | 16. Teacher Unavailable (SESBI Only)                                          |
| 5. Clinician Not Trained in Outcome Measure     | 10. Not Required (SESBI Only)         | 17. Therapist did not Administer Tool                                         |
|                                                 | 11. Outcome Measure Unavailable       | 18. Never Collected (CiMH) (Only for Treatment Cycles Starting Before 2/1/14) |
|                                                 | 12. Parent/Caregiver Refused          |                                                                               |

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*Managing and Adapting Practice (MAP)*

**ADMINISTRATIVE INFORMATION**

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last Name	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>
Provider ID	<input type="text"/>		

**BEGINNING OF FOCUS INFORMATION**

Focus Start Date (Focus 2 or greater)	<input type="text"/>	Focus #	<input type="text"/>
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**BEGINNING OF FOCUS QUESTIONNAIRES**

**Trauma Focus**

**UCLA PTSD-RI DSM-5 Parent**  
Clients Ages 7-18

**UCLA PTSD-RI DSM-5 Child/Adolescent**  
Clients Ages 7-18

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
<b>RAW SCORE</b>	<input type="text"/>	<b>RAW SCORE</b>	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Depression Focus**

**Patient Health Questionnaire-9**  
Clients Ages 12+

Admin. Date	<input type="text"/>
<b>TOTAL SCORE</b>	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Anxiety Focus**

**Revised Child Anxiety and Depression Scale-Child**  
Clients Ages 6-18

**Revised Child Anxiety and Depression Scale-Parent**  
Clients Ages 6-18

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Depression	<input type="text"/>	Depression	<input type="text"/>
Total Anxiety	<input type="text"/>	Total Anxiety	<input type="text"/>
Total Anxiety & Depression	<input type="text"/>	Total Anxiety & Depression	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Disruptive Behaviors Focus**

**Eyberg Child Behavior Inventory®**  
Clients Ages 2-16

**Sutter-Eyberg Student Behavior Inventory-Revised®**  
Clients Ages 2-16

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intensity Raw Score	<input type="text"/>	Intensity Raw Score	<input type="text"/>
Intensity T-Score	<input type="text"/>	Intensity T-Score	<input type="text"/>
Problem Raw Score	<input type="text"/>	Problem Raw Score	<input type="text"/>
Problem T-Score	<input type="text"/>	Problem T-Score	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Beginning of Treatment worksheet on Side 1... ..**

**Reasons for "Unable to Collect"**

- |                                                 |                                       |                                                                               |
|-------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|
| 1. Administered Wrong Form                      | 6. Invalid Outcome Measure            | 13. Parent/Caregiver Unavailable                                              |
| 2. Administration Date Exceeds Acceptable Range | 7. Lost Contact with Client           | 14. Premature Termination                                                     |
| 3. Client Refused                               | 8. Lost Contact with Parent/Caregiver | 15. Teacher Refused (SESBI Only)                                              |
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|                                                 | 12. Parent/Caregiver Refused          |                                                                               |